



MEDICAL CLAIMS CONCILIATION PANEL  
OFFICE OF ADMINISTRATIVE HEARINGS  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
STATE OF HAWAII

In the Matter of the Claim of

MCCP No. \_\_\_\_\_

CERTIFICATE OF CONSULTATION

Claimant(s),

vs.

Respondent(s)

**CERTIFICATE OF CONSULTATION**

Pursuant to Hawai'i Revised Statutes §671-12.5 (2003), the undersigned Claimant or Claimant's attorney, hereby certifies that (*check the appropriate box below*):

<input type="checkbox"/>	<p><b><i>Consultation with Physician in the Same Medical Specialty</i></b></p> <p>I have consulted with at least one physician who is licensed to practice in the State of Hawai'i, or any other state, and who is knowledgeable or experienced in the same medical specialty as the health care professional against whom the claim is made, and that I have concluded on the basis of such consultation that there is a reasonable and meritorious cause for filing the claim; or</p>
<input type="checkbox"/>	<p><b><i>Consultation with Physician in a Related Medical Specialty</i></b></p> <p>I was not able to consult with a physician in the same medical specialty as the health care professional against whom the claim is made, and instead I consulted with a physician who is licensed to practice in this State or in any other state who is knowledgeable and experienced in a medical specialty that is as closely related as practicable to the medical specialty of the health care professional against whom the claim is made, and that I have concluded on the basis of such consultation that there is a reasonable and meritorious cause for filing the claim; or</p>

<input type="checkbox"/>	<p style="text-align: center;"><b><i>Deferral Based Upon a Statute of Limitations</i></b></p> <p>I was not able to obtain the required consultation because a statute of limitations would impair the action and that the required certificate of consultation could not be obtained before the impairment of the action. I will file the required certificate of consultation within ninety (90) days after filing the claim; or</p>
<input type="checkbox"/>	<p style="text-align: center;"><b><i>Not Able to Obtain a Consultation</i></b></p> <p>I was not able to obtain the required consultation after I had made a good faith attempt to obtain such consultation and the physician contacted would not agree to such a consultation; or</p>
<input type="checkbox"/>	<p style="text-align: center;"><b><i>Consultation Not Required -Claim Based Solely Upon Informed Consent</i></b></p> <p>I intend to rely solely on the failure to inform the Claimant(s) of the consequences of a procedure (informed consent), for that reason I am not required to file a certificate as required by this section.</p>

DATED: Honolulu, Hawai'i, \_\_\_\_\_.

\_\_\_\_\_

I am the:

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Claimant, or

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Attorney for the Claimant